## **Sidewalk Permit Application**

## Location of Proposed Work or Improvement

Municipality:		Borough		
Site Address:				
City:	State:	Zip Code:		
Zoning District:	Lot Size:			
Property Owner(s):				
Mailing Address:				
City:				
Phone Number:	Email Address:			
Principal Contractor:				
Mailing Address:				
City:				
Phone Number:	Email Address:			
Description of the Proposed Work:				
Estimated Cost: \$				
Pennsylvania One Call Ticket Serial Nur	nber:			
Existing Driveway:	No If yes, width:			
Proposed Driveway:  Yes	No If yes, width:			
• A separate curb cut permit is	required for new or enlarged	driveways.		
Corner Lot:	No			

• If the proposed project is on a corner lot, it is necessary to install handicap accessible curb ramps with a detectable warning surface.

## **Applicant Certification**

The applicant certifies that all information on this application is correct and the work will be completed in accordance with additional approved building code requirements or zoning ordinance adopted by the Municipality. The property owner and applicant assumes the responsibility of locating all property lines, setback lines, easements, rights-of way, flood areas, etc. Issuance of a permit shall not be construed as authority to violate, cancel or set aside any provisions of the codes or ordinances of the Municipality or any other governing body. The applicant certifies he/she understands all the applicable codes, ordinances and regulations. Application for a permit shall be made by the owner or lessee of the building or structure, or agent of either, or by the registered design professional employed in connection with the proposed work.

I certify that the code administrator or the code administrator's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

I certify that I am aware of the municipality's inspection requirements and have received a copy of the Municipality's sidewalk construction specifications. I am aware that the following inspection must be conducted:

• Prior to pouring of concrete, an inspection of the forms and grade is required. Inspection appointments can be made by calling the Municipality's Public Works Department.

I certify that all material removed from the demolition site will be disposed of at an approved landfill.

Finally, I am aware that a copy of the permit shall be kept on the site of the work until the completion of the project.			
Signature of Owner or Authorized Agent	Print Name of Owner or Authorized Agent		
Address	Date:		
☐ I would like to receive my demolition perm	nit electronically.		
Email Address:			
FOR MUNICIPAL OFFICE USE ONLY			
PERMIT NUMBER:	Date:		
TOTAL FEE: \$ COLL	ECTED BY:		
PERMIT APPROVAL			
ADDDOVED ( ) DISADDDOVED ( )	DATE		

BUILDING CODE OFFICIAL / ZONING OFFICER